



**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
CHANGE OF CORRESPONDENCE ADDRESS  
AND  
STATEMENT UNDER 37 CFR 3.73(b)**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

I hereby revoke all previous powers of attorney given in the above-identified application, and appoint the following agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Martin D. MOYNIHAN                      Registration No. 40,338

☒ Please change the correspondence address for the above-identified application to:

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I am the:

- ☐ Applicant/Inventor  
☒ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b):



Rappaport Family Institute For Research In The Medical Sciences Ltd., a corporation, is the owner of the entire right, title, and interest in the above-identified application by virtue of an assignment from the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

  
  
Rappaport Institute  
Rappaport Family Institute for research in the Medical Sciences  
P.O. B. 16446, Suite 11000 (Level)  
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December 26, 2005

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